

U.S. President's Emergency Plan for AIDS Relief



**SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS**

Country Profile: South Africa

HIV/AIDS in South Africa

HIV Infected: 5.3 million¹
AIDS Deaths: 370,000¹
AIDS Orphans: 1.1 million¹

An estimated 5.3 million South Africans were HIV-positive in 2003.¹ In 2005 the Human Sciences Research Council (HSRC) released updated information on HIV prevalence and HIV-related risk behaviors. The study was based on a representative sample of more than 15,000 South Africans.² Of the study population, 10.8 percent were HIV-positive.² The findings on behavior change were very similar to the findings from the 2003 study, showing that nearly half of all men and over one-third of women over 15 years of age reported that they had changed their behavior as a result of HIV/AIDS, including abstaining from sex, being faithful to one partner, reducing the number of sexual partners, and using a condom.² These behavior changes may be related to strong prevention programs implemented by a wide range of stakeholders, including the South African Government, nongovernmental organizations (NGOs), and faith-based organizations (FBOs). Nevertheless, 2004 antenatal surveillance data reflect a continuing significant increase in HIV prevalence in South Africa.



U.S. Government Response

Concrete actions mandated by the highest level of government continue South Africa's leadership in implementing a multisectoral approach to HIV prevention, treatment and care. Supplementing the existing HIV/AIDS/STI Strategic Plan, 2000-2005, the South African Government approved in November 2003 the Comprehensive Plan for HIV and AIDS Care, Management and Treatment, which identifies a range of interventions to address HIV/AIDS, including the provision of antiretroviral treatment. The U.S. Government (USG) supports implementation of South Africa's Strategic Plan and Comprehensive Plan and works with more than 200 diverse partners, including governmental partners at all levels, academic institutions, NGOs, FBOs, and private sector partners.

Several other key principles also guide the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) response in South Africa. Those principles include:

- Evidence-based programming selected and designed on a sound research base;
- Rigorous assessment of all activities through regular and accurate reporting and targeted evaluation to monitor the achievement of targets and assure high quality performance;
- Enhancing human and infrastructure capacity to help South Africa achieve its health and social goals related to HIV/AIDS while strengthening the overall public health system; and
- Designing sustainable programs and service improvements.

Recognizing the global HIV/AIDS pandemic as one of the greatest challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

South Africa is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, South Africa received nearly \$89.3 million in Fiscal Year (FY) 2004 and nearly \$148.2 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$221.5 million to support South Africa's efforts to combat HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.

² Human Sciences Research Council, South Africa National HIV Prevalence, HIV Incidence, Behaviour and Communications Survey 2005, 2005.

President George W. Bush's
Emergency Plan for AIDS
Relief is the largest commitment
ever by any nation for an
international health
initiative dedicated to
a single disease—a
five-year, \$15 billion,
multifaceted approach to
combating the disease in
more than 120 countries
around the world.

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Emergency Plan Achievements in South Africa to Date

Challenges to Emergency Plan Implementation

Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response must be scaled up from providing antiretroviral treatment (ART) for 87,000 people through the public health care system as of September 2005 to providing ART for hundreds of thousands more, and also must cope with long-term support for the increasing numbers of patients on ART. At the same time, over one million orphans and perhaps millions of people living with HIV/AIDS (PLWHA) will need access to social and health services by 2008. While the Emergency Plan will contribute substantial support to an integrated program in treatment and care, efforts on prevention to ensure the majority of South Africans remain HIV negative are essential. The challenge will be to scale up the response with the most effective programs, to meet the human and system capacity demands, and to continue transformation of health care and other systems, so that the response is sustainable. South Africa's unique economic, educational and infrastructure advantages will help it overcome many resource constraints and social challenges it shares with other focus countries.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	3,967,500
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	4,122,500
# of USG condoms shipped in Calendar Year 2005 ⁶	0
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	1,020,900
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	107,000
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	904,300
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ^{3,7}	287,200
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	107,600
# of individuals receiving downstream site-specific support for treatment at the end of FY2005 ¹	40,200
# of individuals receiving upstream system strengthening support for treatment at the end of FY2005 ²	52,800

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ The South African Government is committed to providing free condoms and does not require USG support for condom procurement. Through the Emergency Plan, the USG continues to provide technical assistance in support of the condom procurement and distribution program.

⁷ As South Africa invested in improved data quality efforts, there was less overlap among partners which reduced duplication in results counted by multiple partners. The decline in total number of people receiving palliative care/basic health care and support services in South Africa from FY2004 to FY2005 is due largely to improved data quality.

Critical Interventions for HIV/AIDS Prevention

- Supported efforts of NGOs in Gauteng, the Western Cape, and Limpopo Provinces to encourage men's active involvement in prevention of mother-to-child HIV transmission (PMTCT) programs. Results include increased access for women to quality PMTCT services and increased awareness and demand for PMTCT services.
- Supported the expansion of HIV/AIDS education, including abstinence and faithfulness messages, to a Network of Religious Leaders Living with or Personally Affected by HIV/AIDS, reaching an estimated 10,000 individuals.
- In FY2005, supported work of the Society for Family Health to promote healthy behavior to reduce the risk of HIV/AIDS transmission among high-risk groups, focusing on mobile populations, particularly women who engage in transactional sex and their partners at the Mussina and Ficksburg border-crossing areas. The organization's prevention activities reached an estimated 40,000 individuals under this initiative.

Critical Interventions for HIV/AIDS Treatment

- Worked with the AIDS Relief Consortium to support treatment for over 5,000 patients by the end of FY2005, of whom eight percent were children. Significant progress has been made to ensure sustainability of the treatment programs and to reduce costs. An Emergency Plan partner organization has successfully negotiated with several provinces to establish linkages for referrals to public facilities, and several provinces have agreed or are in the negotiation process to provide antiretroviral drugs (ARVs).
- Collaborated with the National Institute of Communicable Diseases, which has developed and implemented an "in-house" drug resistance assay that has undergone extensive evaluation and was recently certified by an external quality assurance program.

Critical Interventions for HIV/AIDS Care

- Supported the Hewu Project, which includes a care component that links HIV-positive patients seen at the clinic to a community caregiver, under the supervision of a service corps volunteer. Supported the establishment of a referral system to ensure that patients identified as HIV-positive during counseling and testing at the project's clinics are linked to a community caregiver who makes home-based care visits to assigned households at least once a week.
- Supported the efforts of a partner organization to train 30 elderly palliative care providers who work with HIV-positive individuals, their families, and orphans and vulnerable children in KwaZulu-Natal, Free State, Limpopo and Eastern Cape provinces.